



Edmund G. Brown Jr.
Governor



Douglas Sale
Acting Executive Director



Stephanie Clendenin
Acting Director

Definition of Recommendation Prioritization Criteria

Prioritization Criteria

1. Immediate increase to workforce supply or capacity for health professions in demand: Recommendation produces an increase in in-demand health workers and/or expands the capacity of existing providers to expand access.
2. Impact to California's population, particularly those with unmet health needs and those in underserved areas: Recommendation has a direct impact to California's most vulnerable populations including those from economically disadvantaged and underrepresented minority backgrounds and in underserved areas.
3. Potential economic impact: Recommendation produces a positive economic impact to the state including increase in jobs and income.
4. Evidence base for outcomes or to demonstrate need- Recommendation is supported by an evidence based or as a best practice in California and/or in other states.
5. Political feasibility- Recommendation is likely to acquire enough support from the administration and/or legislative members to be implemented.
6. Timeliness/Time to action: Is there a window of opportunity that should be acted upon now such as federal or private funding availability.

Timeline

1. **Short term**- Recommendation that could be completed within 18 months
(Example- Develop and implement a comprehensive marketing plan for the health workforce in California that: 1-Conveys a compelling case and vision for primary care 2-Communicates resource services for employment opportunities; and develop/enhance partnerships with all educational institutions)
2. **Medium Term**- Recommendation that could be completed within 19 to 36 months
(Example- Establish a central database of interested candidates for primary care careers in California at all stages of the pipeline and communication tools for ongoing promotion of primary care, financing options and support program opportunities)
3. **Long Term**- Recommendation that will take 36 or more months to complete.
(Example- Establish programs with specific primary care and diversity focus. Locate more in underserved communities and in outpatient and community settings)

Action Required

1. **Administrative**- Recommendation that requires changes made at the administrative level.
(Example- Expand and institutionalize the effective use of "holistic" file review in admissions.

Provide less weight to standardized test scores and GPA and more weight to distance traveled, graduate work experience, communication skills and commitment to community service)

2. **Private**- Recommendations that require changes within private organizations and or public/private, private/private partnerships. (Example- Create support for partnerships between regulatory agencies and healthcare employers)
3. **Legislative**- Recommendation that requires policy changes through passage by the legislature. (Example- Advocate for policy changes to mandate cultural competency training and certification for trainees and new and incumbent health workers)
4. **Budget**- Recommendation that requires shift in state budgetary allocations. (Example- Incentives for the recruitment and retention of health educators, mentorships, preceptorships, and healthcare professionals working in disproportionate share hospitals)
5. **Regulatory**- Recommendation that requires changes within a regulatory body. (Example-Add cultural diversity courses and provides continuing education units for cultural competency trainings.)

Cost

1. **No Cost**- Recommendation that requires no financial cost to the state.
2. **Cost**- Recommendation that entails some financial cost to the state.